

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
 Yoshifumi TANIMOTO
 Serial No: 09/733,230
 Confirmation No: 1021
 Filed: December 8, 2000
 For: Facsimile Machine

Art Unit: 2626
 Examiner: Lett, Thomas J.

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

November 29, 2005

Date of Deposit

Juanita Soberanis

Name

Juanita Soberanis 11/29/2005

Signature

Date

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following:

- ☒ Amendment.
☒ Return postcard.
☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	11	-	20 **	0	LG=\$50 SM=\$25	\$50	\$ 0
INDEPENDENT CLAIMS FEE	3	-	3 ***	0	LG=\$200 SM=\$100	\$200	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$ 0
Independent Claims: 1, 2 and 10					TOTAL		\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge the fee of \$___ for the additional claim fees to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☐ Please charge the fee of \$___ for the extension of time to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
 HOGAN & HARTSON L.L.P.

Date: November 29, 2005

Biltmore Tower
 500 South Grand Avenue, Suite 1900
 Los Angeles, California 90071
 Telephone: 213 337-6700
 Facsimile: 213 337-6701

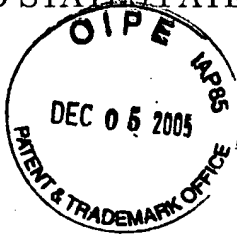
By: *Troy M. Schmelzer*
 Troy M. Schmelzer
 Registration No. 36,667
 Attorney for Applicant(s)

Appl. No. 09/733,230
Amdt. dated November 29, 2005
Reply to Office Action of September 8, 2005

Atty. Ref. 81800.0143
Customer No. 26021

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AMENDMENT

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Name

Juanita Soberanis 11/29/2005
Signature Date

Dear Sir:

In response to the Office Action dated September 8, 2005, please amend this application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.